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ABSTRACT

This study guide, designed to help counselors prepare for the Virginia Professional Counselor License Application, provides a review of counseling techniques and procedures, evaluation and appraisal procedures, and group theories and techniques. Other topics reviewed in the materials include professional identity, function and ethics, and abnormal psychology. Texts are recommended as study aids; sample questions are given, including objective and essay questions. The materials are designed for either independent study or as a guide during group study sessions. (JAC)

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PROFESSIONAL COUNSELORS

LICENSURE PREPARATION

STUDY SESSION

BOOKLET

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BY

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HOW TO APPLY FOR THE PROFESSIONAL COUNSELOR LICENSE and study sessions are also offered by the Licensure Preparation Committee of the Virginia Counselors Association. For more information, contact Dr. Andy Beale, School of Education, Virginia Commonwealth University, Richmond, Virginia 23284.

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Evaluation and Appraisal Procedures

Rapport: The examiner's efforts to arouse the subject's interest in the test, elicit his cooperation, and ensure that he follows the standard test instructions. Rapport can also aid in the reduction of test anxiety.

Variables: The examiner and the examinee's activities immediately preceding the test may influence the examinee's performance. Children are more likely to be influenced than adults.

Social/Ethical Implications: The examiner should have proper training and use his/her knowledge to choose a test appropriate to the examinee and the stated goals.

The restriction of the distribution of tests fills two purposes: the security of test materials and the prevention of misuse.

Unprofessional practices of testing:

1. Releasing tests prematurely by authors or publishers.
2. Merits of a test should not be announced without corresponding objective evidence.
3. Publishing a test or major parts in a newspaper, magazine, or popular book.
4. Testing by mail.

Confidentiality: Should test results be released to parents of a minor?

Records should not be disclosed without the consent of the examinee.

Individual Tests:

Intelligence Tests

1. Stanford Binet Intelligence Scale
2. Wechsler Adult Intelligence Scale
3. Wechsler Intelligence Scale for Children
4. Wechsler Preschool and Primary Scale of Intelligence

Intelligence Tests for Special Populations

1. Infant and Preschool testing
2. Testing the physically handicapped
 - a. Deafness
 - b. Blindness
 - c. Orthopedic handicaps
3. Cross-cultural testing

Intelligence Testing by Groups

1. California Test of Mental Maturity
2. Cognitive Abilities Test
3. Henmon-Nelson Tests of Mental Ability
4. Otis-Lennon Mental Ability Test
5. School and College Ability Tests -
SCAT Series II
6. Scholastic Aptitude Test
7. American College Test
8. Graduate Record Examination
9. Miller's Analogies Test

Aptitude Batteries

1. Differential Aptitude Tests (includes the following
eight scores: Verbal Reasoning, Numerical Ability,
Abstract Reasoning, Clerical Speed and Accuracy,
Mechanical Reasoning, Space Relations, Spelling and
Language Usage.)
2. General Aptitude Test Battery
3. Nonreading Aptitude Test Battery

Achievement Tests

1. California Achievement Tests
2. Iowa Tests of Basic Skills
3. Metropolitan Achievement Tests

4. SRA Achievement Series
5. Stanford Achievement Tests
6. Tests of Academic Progress

Occupational Tests

1. Wonderlic Personnel Test
2. Personnel Tests for Industry
3. Meier Art Judgement Test
4. Seashore Measure of Musical Talents
5. Law School Admission Test

Special Tests for Detecting Cognitive Dysfunction

1. Benton Visual Retention Test
2. Bender-Gestalt Test
3. Goldstein-Scheerer Tests of Abstract and Concrete Thinking

Personality Tests

1. Self-Report Inventories
 - a. Minnesota Multiphasic Personality Inventory
 - b. California Psychological Inventory
 - c. Edwards Personality Preference Schedule
2. Interests, Attitudes, and Values
 - a. Strong-Campbell Interest Inventory
 - b. Kuder Interest Inventory

- c. Minnesota Teacher Attitude Inventory
- d. Allport-Vernon-Lindzey Study of Value
- e. Super's Work Values Inventory

Theories of Human Behavior, Learning, and Personality

Psychoanalytic Therapy: Major influence-Freud-Others: Jung, Adler, Sullivan, Rank, Fromm, Horney, Erikson. The basic philosophy of this approach is: (1) Unconscious factors and conflicts are primary in present behavior. (2) Irrational, sexual, and aggressive feelings are strong. (3) Repressed childhood experiences can make the early years of critical importance.

Existential-Humanistic Therapy: Major influences - May, Maslow, Frankl, Jourard. The basic philosophy of this approach is: (1) That it was an alternative to psychoanalysis and behaviorism; these did not do justice to the study of human beings. (2) Concentration is placed on self-awareness, freedom of choice to decide one's fate, responsibility and freedom, anxiety, searching for meaning in a meaningless world, aloneness and relating to others, death, and self-actualization.

Client-Centered Therapy: Origin - Carl Rogers. The basic philosophy of this approach is: (1) There is a positive view of humans. (2) During therapy, feelings surface that were not apparent to the client in the past. (3) Increased sensitivity, spontaneity, trust in oneself, and self-direction arises.

Gestalt Therapy: Origin - Fritz Pearls. The basic philosophy of this approach is: (1) The body and mind need to combine their purposes; The person works towards wholeness. (2) Efforts are made to see how earlier experiences are effecting present problems.

Transactional Analysis (TA): Origin - Eric Berne. The basic philosophy of this approach is: (1) That the person is capable of making a choice. (2) A past decision can be re-decided. (3) Self-defeating behavior can be altered with awareness.

Behavior Therapy: Major influences - Wolpe, Lazarus, Salter. The basic philosophy of this approach is: (1) That people are shaped by sociocultural conditioning. (2) Behavior is defined as the product of learning and conditioning.

Rational-Emotive Therapy: Origin - Albert Ellis. The basic philosophy of this approach is: (1) That people need to be reeducated. (2) That humans can think rationally, but often tend to think irrationally (crooked). (3) Thinking and taking actions are stressed.

Reality Therapy: Origin - William Glasser. The basic philosophy of this approach is: (1) Short term, emphasizing a person's strengths. (2) A person can develop either a "success identity" or a "failure identity."

Counseling Techniques and Procedures

1. Diagnosis: Some view it as essential and others as a drawback. The purpose of diagnosis is to gain as much knowledge of the client's present behavior as possible so that an effective treatment plan can be made.
2. Testing: This is a controversial issue.
3. Questioning and Probing for Information: Questioning can be over used. A client can feel thoroughly questioned, but not understood. A good technique is an open-ended question such as "where would you like to be this time next year?" or "what is the worst thing that could happen?"
4. Support and Reassurance: Accepting the client as a valuable person, listening to and understanding the client's internal world, caring for the client, and expressing a belief in the client's ability to grow/change are all signs of support. A major error is when the counselor hurries to comfort the client, promising that "all will be OK and not to worry."

5. Confrontation: Confrontation needs to be carried out in an atmosphere of caring. It is an "invitation" for the client to look at some part of self that is in the way of the client and his/her goals.
6. Interpretation and Reflection: Reflecting feeling and offering hypotheses and hunches can aid the client in considering his/her behavior or clarifying feelings.
7. Primary-level Accurate Empathy: The counselor needs to be able to look at the other person's world through the perspective of that person. The counselor should be able to get an idea/feeling of what the client's world is like. Secondly, the counselor then needs to be able to communicate this understanding to the other person.
8. Genuineness: This does not refer to a moral quality, as discussed as a counseling technique. Genuineness means that the counselor is him/her self while with the client. The counselor would not have a facade or fake personality. The counselor would be spontaneous, nondefensive, consistent, and self-sharing.

9. Respect: (Similar to "support and reassurance") This means valuing another person simply because he/she is a human being. The implication is there that being a human being has value in itself.
10. Concreteness: Discussing problems and solutions in definitive, operational terms is necessary. Vagueness in explaining the problem or solution can make progress impossible.
11. Advanced Accurate Empathy: This goes beyond reflecting and understanding the client's world. The counselor probes beyond the basic statement that the client has made. Advanced accurate empathy pushes the client to look deeper into himself.
12. Self-disclosure: The counselor shares something about his own personal life in an effort to increase his ability to work with the client.

13. Direct, mutual talk: The counselor and client need to be able to discuss directly and openly what is happening in the "here and now" of their interpersonal relationship.

Professional Identity, Function, and Ethics

Study Section V: Ethical Standards of the Regulations Book and be familiar with the nine Principles:

1. Responsibility
2. Competence
3. Moral and Legal Standards
4. Public Statements
5. Confidentiality
6. Welfare of the Consumer
7. Professional Relationships
8. Utilization of Assessment Techniques
9. Pursuit of Research Activities

Group Dynamics, Theories, and Techniques

Group Leadership Skills

1. Reaction Skills: These are responsive to the client and aid the leader in being receptive to individuals, as well as the entire group.

- a. Listening
- b. Restatement
- c. Clarifying
- d. Summarizing
- e. Reflection

II. Interaction Skills: These are mediating tools. The leader uses these skills to control and guide the group interaction.

- a. Moderating
- b. Interpreting
- c. Linking
- d. Blocking
- e. Supporting

- f. Limiting
- g. Protecting
- h. Consensus Taking

III. Action Skills

- a. Questioning
- b. Probing
- c. Tone setting
- d. Confronting
- e. Personal Sharing
- f. Modeling

Group Leadership Functions

- I. Promoting, Facilitating, Initiating, and Guiding Interaction
- II. Intervening
- III. Consolidating

IV. Rules - Keeping

V. Enhancing Communication

VI. Resolving Conflicts

VII. Mobilizing Group Resources

Behavior of the Group Member

I. Resisting Behaviors

A. Monopolizing

B. Hostility

C. Silence

D. Withdrawal

E. Absences

F. Intellectualizing

G. The Old Pro

H. The Joker

I. The Housekeeper

II. Manipulating Behaviors

- A. Socializing
- B. Scapegoating
- C. Dependency
- D. Submissiveness
- E. Aggression
- F. Criticism
- G. Domination
- H. Mothering
- I. The Calculator

III. Helping Behaviors

- A. Listening
- B. Enabling
- C. Leading

D. Self-disclosing

E. Giving Feedback

F. Leveling

G. Keeping Confidence

H. Personalizing Communication

IV. Emotional Behaviors

A. Venting Negative Feelings

B. Physical Aggression

C. Crying

D. Affection

E. Acting Out

Group Leader Traits

1. Self-awareness

2. Openness and flexibility

3. Confidence and sensitivity to the needs of the clients
4. Tolerance of ambiguity
5. Positive attitude toward life
6. Human qualities
 - a. Warmth and caring
 - b. Human objectivity
 - c. Enthusiasm for other people
 - d. Mature and integrated

Group Counseling Process (Stages of Development)

1. Security: Developing trust between the group members so that they may begin to work on their problems.
2. Acceptance: This stage includes accepting the group situation and the leader's role, developing acceptance of self, acceptance of others, and accepting one's problems of a part of oneself.

3. Responsibility: Members must finally accept personal responsibility for their problems. This stage of the process is a movement by the members from acceptance of self and others to self-responsibility.
4. Work: During this stage members will be able to look at their personal problems in a secure environment, examine alternatives for resolving the issues, and try out new behaviors and attitudes in a safe setting before trying them outside of the group.
5. Close: The point at which an individual or entire group should terminate is often not clear. Often there is a preset termination date, such as often five sessions or at the end of a semester. As members resolve their problems, their need for the group diminishes.

Abnormal PsychologyDisorders Usually First Evident in Infancy, Childhood, or Adolescence

I. Intellectual

Mental Retardation

II. Behavioral

Attention Deficit Disorder

Conduct Disorder

III. Emotional

Anxiety Disorders of Childhood or Adolescence

Other Disorders of Infancy, Childhood, Adolescence

(Attachment, Elective Mutism, Identity, etc.)

IV. Physical

Eating Disorders

Stereotyped Movement Disorders (Tics)

Other Disorders with Physical Manifestations (Stuttering,
Sleepwalking, Sleep Terror, etc.)

V. Developmental

Pervasive Developmental Disorders (Autism or impairment
in social relationships)Specific Development Disorders (Reading, Arithmetic,
Language, etc.)

Organic Brain Syndromes

1. Delirium and Dementia (wide-spread cognitive impairment).
2. Amnesic Syndrome and Organic Hallucinosiis (selected areas of cognition are not functioning).
3. Organic Delusional Syndrome and Organic Affective Syndrome (resembles Schizophrenic or Affective Disorders).
4. Organic Personality Syndrome (the personality is altered).
5. Intoxication and Withdrawal (aligned with the ingestion or reduction in use of a substance).
6. Atypical or Mixed Organic Brain Syndrome (for any Organic Brain Syndrome not fitting one of the above).

Organic Mental Disorders

1. Barbituate or Similarly Acting Sedative or Hypnotic Organic Mental Disorders
2. Opioid Organic Mental Disorders
3. Cocaine Organic Mental Disorder
4. Amphetamine or Similarly Acting Sympathomimetic Organic Mental Disorders
5. Phencyclidine (PCP) or Similarly Acting Arylcyclohexylamine Organic Mental Disorders
6. Hallucinogen Organic Mental Disorders

7. Cannabis Organic Mental Disorders
8. Tobacco Organic Mental Disorder
9. Caffeine Organic Mental Disorder
10. Other or Unspecified Substance - Induced Organic Mental Disorders

Substance Use Disorders

1. Alcohol Abuse or Dependence
2. Barbituate or Similarly Acting Sedative or Hypnotic Abuse or Dependence
3. Opioid Abuse or Dependence
4. Cocaine Abuse
5. Amphetamine or Similarly Acting Sympathomimetic Abuse or Dependence
6. Phencyclidine (PCP) or Similarly Acting Arylcyclohexylamine Abuse
7. Hallucinogen Abuse
8. Cannabis Abuse or Dependence
9. Tobacco Dependence
10. Other, Mixed, or Unspecified Substance Abuse

Schizophrenic Disorders

Types:

1. Disorganized
2. Catatonic
3. Paranoid
4. Undifferentiated
5. Residual

Paranoid Disorders

1. Paranoia
2. Shared Paranoid Disorder
3. Acute Paranoid Disorder
4. Atypical Paranoid Disorder

Psychotic Disorders Not Elsewhere Classified

1. Schizophreniform Disorder
2. Brief Reactive Psychosis
3. Schizoaffective Disorder

Affective Disorders

1. Manic Episode
2. Depressive Episode
3. Cyclothymic Disorder
4. Dysthymic Disorder
5. Atypical Bipolar Disorder
6. Atypical Depression

Anxiety Disorders

1. Phobic Disorders
 - a. Agoraphobia
 - b. Social Phobia
 - c. Simple Phobia
2. Anxiety States
 - a. Panic Disorder
 - b. Generalized Anxiety Disorder
 - c. Obsessive Compulsive Disorder
 - d. Post-traumatic Stress Disorder

Somatoform Disorders

1. Somatization Disorder
2. Conversion Disorder
3. Psychogenic Pain Disorder
4. Hypochondriasis
5. Atypical Somatoform Disorder

Dissociative Disorders

1. Psychogenic Amnesia
2. Psychogenic Fugue
3. Multiple Personality
4. Depersonalization Disorder
5. Atypical Dissociative Disorder

Psychosexual Disorders

1. Gender Identity Disorders
 - a. Transsexualism
 - b. Gender Identity Disorder of Childhood
 - c. Atypical Gender Identity Disorder

2. Paraphilias

- a. Fetishism
- b. Transvertism
- c. Zoophilia
- d. Pedophilia
- e. Exhibitionism
- f. Voyeurism
- g. Sexual Masochism
- h. Sexual Sadism
- i. Atypical Paraphilia

3. Psychosexual Dysfunctions

- a. Inhibited Sexual Desire
- b. Inhibited Sexual Excitement
- c. Inhibited Female Orgasm
- d. Inhibited Male Orgasm
- e. Premature Ejaculation
- f. Functional Dyspareunia
- g. Functional Vaginismus
- h. Atypical Psychosexual Dysfunction

4. Other Psychosexual Disorders

- a. Ego-dynostic Homosexuality
- b. Psycho-sexual Disorder Not Elsewhere Classified

Factitious Disorders

1. Factitious Disorder with Psychological Symptoms
2. Factitious Disorder with Physical Symptoms
3. Chronic Factitious Disorder with Physical Symptoms

Disorders of Impulse Control Not Elsewhere Classified

1. Pathological Gambling
2. Kleptomanic
3. Pyromania
4. Intermittent Explosive Disorder
5. Isolated Explosive Disorder
6. Atypical Impulse Control Disorder

Adjustment Disorder

Types

1. Adjustment Disorder with Depressed Mood
2. Adjustment Disorder with Anxious Mood
3. Adjustment Disorder with Mixed Emotional Features
4. Adjustment Disorder with Disturbance of Conduct
5. Adjustment Disorder with Mixed Disturbance of Emotions and Conduct
6. Adjustment Disorder with Work (or Academic) Inhibition
7. Adjustment Disorder with Withdrawal
8. Adjustment Disorder with Atypical Features

Psychological Factors Affecting Physical Condition

(Arguments or information that a loved one has died may bring on vomiting, obesity, headache, etc.)

Personality Disorders

1. Paranoid Personality Disorder
2. Schizoid Personality Disorder
3. Schizotypal Personality Disorder
4. Histrionic Personality Disorder
5. Narcissistic Personality Disorder
6. Antisocial Personality Disorder
7. Borderline Personality Disorder
8. Avoidant Personality Disorder
9. Dependent Personality Disorder
10. Compulsive Personality Disorder
11. Passive-Aggressive Disorder
12. Atypical, Mixed, or Other Personality Disorder

Recommended Texts For Studying

Testing

Anastasi, Anne. Psychological Testing, Macmillian Publishers Co., Inc.: New York, 1976.

Abnormal Psychology

The American Psychiatric Association. Diagnostic and Statistical Manuel of Mental Disorders (Third Edition): Washington, D.C., 1980.

Group Counseling

Gazda, G. Group Counseling: A Developmental Approach, Allyn and Bacon Publishing Co., 1978.

Hansen, James C., Warner, Richard W., and Smith, Elsie J. Group Counseling: Theory and Process (2nd Edition), Rand McNally College Publishing Co., Chicago, Illinois, 1980.

Johnson and Johnson. Joining Together: Group Theory and Group Skills, Prentice Hall, 1975.

Trotzer, James P. The Counselor and the Group: Integrating Theory, Training and Practice. Brooks/Cole Publishing Company. Monterey, California. 1975.

Counseling Techniques

Egan, Gerard. The Skilled Helper. Brooks/Cole Publishing Company, Monterey, California 1975.

Ethics

Callis, Robert. Ethical Standards Casebook (Second Edition). American Personnel and Guidance Association, Washington, D.C., 1976.

Counseling Theory

Corey, Gerald. Theory and Practice of Counseling and Psychotherapy. Brooks/Cole Publishing Company. Monterey, California. 1977.

Carkhuff, Robert R. Helping and Human Relations Volumes I and II. Holt, Rinehart, and Winston, Inc., New York, 1969.

Recommended Texts For Studying
(Continued)

Learning

Houston, John P. Fundamentals of Learning. Academic Press.
New York, 1976.

General Psychology Text

Ruch, Floyd L. and Philip G. Zimbardo. Psychology and Life (8th Edition). Scott, Foresman, and Company. Glenview, Illinois.
1971

Yellow Regulations Book printed by the Department of Commerce,
State of Virginia.

SAMPLE OBJECTIVE QUESTIONS

1. You work in a Community Center. A particular clique of young people have avoided use of the Center except for card parties arranged in some neighborhood homes. They have not caused trouble up to this time. Two new boys move into the neighborhood and you hear that they have joined this clique. Rumors are circulating that they are encouraging members of the gang to start causing trouble. What would you do?
 - a. Have one of the staff members of the Community Center secretly become a part of the gang and try to influence them.
 - b. Bring the two boys in to the Community Center and tell them that you know how to deal with troublemakers like them.
 - c. Tell all the members of the gang to stay away.
 - d. Try to get the gang more involved in activities held directly in the center.
 - e. Wait until the gang causes trouble and give their names to the police.
2. Research has shown that outside observers affect performance in the following way:
 - a. Increase accuracy and increase speed.
 - b. Increase accuracy and decrease speed.
 - c. Decrease accuracy and increase speed.
 - d. Decrease accuracy and decrease speed.
3. The Governor appoints how many to the Board of Professional Counselors:
 - a. Seven
 - b. Five
 - c. Ten
 - d. Three

4. The best source for accurate information on the reliability and validity of tests is:
- Jones Book on Tests
 - Shertzer's Measurement Instruments
 - Buros' Mental Measurement Yearbook
 - Intelligence, Ability, Interest, and Projective Analysis by Bates and Redmon
 - Trotzer's Issues in Testing
5. Which group would obviously have a leader.
- 
 - 
 - 
 - 
 - 
6. Which group would have the best communication network?
- 
 - 
 - 
 - 
 - 
7. When would Carl Rogers give a test?
- For an intelligence estimate.
 - For compatibility relevance.
 - For group comparison.
 - Never.
 - For career interests.
8. What do you do if a child is depressed in a guidance group?
- Have the group discuss the problem.
 - Ask the child to talk about his/her home life.
 - Ask if anyone else in the group is depressed.
 - Refer the child for individual counseling.
 - Ignore the child's depression.

SAMPLE ESSAY QUESTIONS

1. A graduate student comes to you that you are supervising. She is upset because one of her clients is mad at her. What issues would be important to discuss with her?
2. One of your co-workers has been away from work because of a serious illness. Now she is back at work, but since her return has avoided the staff during coffee breaks and is unavailable to have lunch anymore. During meetings she has frequently burst into emotional displays of anger. What would you do to help her?
3. You have heard rumors circulating about Counselor Karloff. Especially of concern, you have heard that an unusual number of his patients end up on the psychiatric floor of the local hospital. What is your professional responsibility?
4. Assume you adhere to Behavioral theory: A client has come to you for treatment. He has been a recluse to the present time to the point that he has not learned normal social skills for his age. State the age of the client appropriate for your work setting and how you would help him/her using the Behavioral approach.
5. You and another professional decide to go into private practice. Explain how you would go about setting up your philosophical statement, fee scale, and evaluation system.

6. Take five cases that you have referred and explain why and where.
7. State a case, describe how you handled it, using a theoretical approach of your choice.
8. After a few years a counselor develops a style. Take a case and explain your style.
9. Define a Professional Counselor versus one who engages in the profession of counseling. What is the counseling profession?
10. Here is a case. What theory would you use and how and why?
11. What is your approach to counseling and explain with an example and why.
12. Discuss your ethical responsibility to the welfare of the consumer.
13. What can you put on your business card?
14. How can your license be revoked?
15. What is your ethical responsibility to confidentiality?
16. What can you do to be reinstated if your license is revoked?